

PATENT Attorney Docket No. 37921-151292

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name:

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	TITLE OF INVENTION			
	"A METHOD OF TREATMENT"			
the sp	pecification of which is attached hereto unless the following box is checked			
X	was filed on October 27, 1999 as Application No. PCT Application No. PCT/AU99/00931 and amended on	or_		
	(if applicable).			

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed:

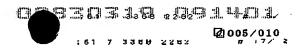
connected therewith.

37921/151292

	PRIOR FOREIGN/P	CT APPLICA	ATION(S)		
COUNTRY/OFFICE	APPLICATION NO.	DATE OF	FILING		RITY IMED
AU	PP 6748	October 2	7, 1998	EYES	NO 🗆
		·		□ YES	NO □
I hereb provisional application	y claim the benefit una a(s) listed below.	der 35 U.S.C.	§119(e) o	of any Uni	ted States
PROVISIONAL AR	PLICATION NUMBE	e r	DATI	e of fill	NG
States, listed below a application is not discled by the first paragraph information as defined of the prior application:	osed in the prior Unite of 35 U.S.C. §112, I in 37 CFR §1.56 which on and the national	ed States appl acknowledge ich became av or PCT inte	ication in the duty ailable be emational	the mann to disclose tween the	er providese mater e filing da ate of th
PRIOR U.S. APP DESIGNAT	LICATIONS OR PCT ING THE U.S. FOR B	INTERNATI ENEFIT UNI	ONAL AI DER 25 U.	PPLICATI S.C. §120	IONS
		Sta	tus (chec	k one)	
Application Serial No.	Date of Filing	Patented	Pending	g Aba	
~~					ndoned

Address all correspondence to Drinker Biddle & Reath LLP, One Logan Square, 18th & Cherry Streets, Philadelphia, PA 19103-6996. Address all telephone calls to Daniel A. Monaco, (215) 988-3312 (telefax: (215) 988-2757).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001



of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE OR FIRST INVENTOR

PERRY (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	BARTLETT (FAMILY OR LAST NAM
Inventor's signature:		
2.7	ate: 18/7/2001	
Country of Citizenship:_	Australia	•
Residence: Victoria	Australia	Aux
Post Office Address:	(State or Foreign Co.c/o Walter and Eliza Hall Institu Research, Royal Parade, Parkvill	te of Medical
FULL NAME OF SOLE OF	R SECOND INVENTOR	HARTLEY
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAM
		•
Inventor's signature: Date	hynne Hartley.	
Date	hynne Hartley. 19.07.01 Australia	
Inventor's signature: Date Country of Citizenship: Residence:Victoria	·	tu X

LISON CAVE Pat. &Trad

CORY/WEHI

37921/151292

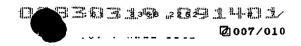
FULL NAME OF SOLE OR THIRD INVENTOR

MARK (GIYEN NAME)

(MIDDLE INITIAL OR NAME)

(FAMILY OR LAST NAME)

Inventor's signature:	Molizzoto Date: 22/7/1.
Country of Citizenship:	Australia
Residence: Victoria	. Australia XUX
Post Office Address:	(State or Foreign Country) c/o Walter and Eliza Hall Institute of Medical Research, Royal Parade, Parkville, Victoria 3052 Aust
FULL NAME OF SOLE O	OR FOURTH INVENTOR
TREVOR	<u>KUPATRICK</u>
(GIVEN NAME)	(MIDDLE INITIAL OR NAME) (FAMILY OR LAST N.
Inventor's signature: Da	ate: 18th Jaly 2001
Country of Citizenship:	Australia
Residence: Victoria	Australia XUX
(City) Post Office Address:	(State or Foreign Country) c/o Walter and Eliza Hall Institute of Medical Research, Royal Parade, Parkville, Victoria 3052 Austra



FULL NAME OF SOLE OR FIFTH INVENTOR

FRANK		KONTGEN
500 (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
Inventor's signature:	Date: 26-0760	25.07.01
Country of Citizenship		
Residence: Victoria	Western Australia Australia	Aux
(City) Post Office Address:	(State or Foreign Con- 5 Timberglades, Park Orchards Victoria 3114 Australia	untry) 141 West Coast Drive North Beach WA 6020 Australia
FULL NAME OF SOLE	OR SIXTH INVENTOR	
JASON		COONAN
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
Inventor's signature:	18.07.01.	
Country of Citizenship:	Australia	
Residence: Victoria	Australia	AUX
(City) Post Office Address:	(State or Foreign Cou. Unit 10, 831 Park Street, Brunswi Victoria 3056, Australia	

Post Office Address:

Queensland (City)

: DAVIES COLLISON CAVE Pat. &Trad

CORY/WEHI

日 五旬 1 38 6月 2263 年 1 1 1 1 1 1 1

:81 7 3388 2262

20/ 21

37921/151292

FULL NAME OF SOLE OR SEVENTH INVENTOR

Н.	URSULA		GREFERATH
40	U (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
	Inventor's signature:	Sh-frefurt	1007
	Country of Citizenship:	Germany	
	Residence: Víctoria	Australia	Xux
	Post Office Address:	(State or Foreign Coun 366 Cardigan Street Victoria 3053, Australia	ntry)
	FULL NAME OF SOLE OR	EIGHTH INVENTOR	
100	ANDREW (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	BOYD (FAMILY OR LAST NAME)
	Inventor's signature:Date		
	Country of Citizenship:	Australia	
	Residence: Queensland	Australia	Aux

300 Herston Road, Herston Oueensland 4006, Australia

(State or Foreign Country)

c/o Queensland Institute Of Medical Research

5 2508 CORY/WEHI 17- 7-01:14:19 :DAVIES COLLISON CAVE PAT. &Trad

361 75 38 68 2263 4 1 4 1 91 1 Ø009/010

37921/151292

FULL NAME OF SOLE OR NINETH INVENTOR

9-22	MIRELLA	_	DOTTORI
/ω	(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME
	Inventor's signature:	Mish Osts Date: 28-8-01	
	Country of Citizenship:	Australia	
	Residence: Queenslas	nd Australia	AUX
	Post Office Address:	(State or Foreign Count c/o Queensland Institute of Medica 300 Herston Road Queensland 4006, Australia	
10-00	FULL NAME OF SOLE OF MARY (GIVEN NAME)	P .	GALEA (FAMILY OR LAST NAME)
	Inventor's signature:	Changl-Galen	
	Country of Citizenship:	Australia	
	Residence: Victoria	Australia 🗡	ux
	Post Office Address:	(State or Foreign Country, c/o The University of Melbourne Grattan Street, Parkville Victoria 3052, Australia	<i>.</i> .

FULL NAME OF SOLE OR ELEVENTH INVENTOR

// DO GEORGE (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	PAXINOS (FAMILY OR LAST NAME)
Inventor's signature:	Leon T. Pa Date: 20/8//	of.
Country of Citizenship:	Australia	
Residence: Victoria	. <u>Australia</u>	AUX
Post Office Address:	(State or Foreign Country of Melbourne Grattan Street, Parkville Victoria 3052, Australia	(ניסות
FULL NAME OF SOLE O	R TWELFTH INVENTOR	
JOO GIVEN NAME)	(MIDDLE INITIAL OR NAME)	MURPHY (PAMILY OR LAST NAME)
Inventor's signature: Da	MgC Mg.	5
Country of Citizenship:	Australia	
Residence: Victoria	Australia	ALLX
Post Office Address:	(State or Foreign Count c/o The University of Melbourne Grattan Street, Parkville	מט

Victoria 3052, Australia